

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09805692</i>	FILING DATE <i>03-13-01</i>
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2		/					52
3		/					53
4		/					54
5		/					55
6		/					56
7		/					57
8		/					58
9		/					59
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11		/					61
12		/					62
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14		/					64
15	/						65
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20	/						70
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32		/					82
33		/					83
34		/					84
35		/					85
36		/					86
37		/					87
38		/					88
39	/						89
40		/					90
41	/						91
42		/					92
43		/					93
44	/						94
45		/					95
46		/					96
47		/					97
48		/					98
49		/					99
50		/					100
TOTAL IND.		↓		↓		↓	TOTAL IND. <i>9</i>
TOTAL DEP.		↓		↓		↓	TOTAL DEP. <i>61</i>
TOTAL CLAIMS							TOTAL CLAIMS <i>70</i>

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV 3-78)

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